

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

MEMORANDUM

Review Board

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|--------------|--|--------------------------|-------------|
| TO: | Mike Constantino, Chief – Program Review Section Division of Health Systems Development | | |
| FROM: | Debra Savage, Chairman Illinois Health Facilities and Services Review Board | | |
| RE: | Exemption #E-31-20 -Expansion of Neonatal Intensive Care Unit | | |
| FACILITY: | SwedishAmerican Hospital | | |
| requirements | advise you that I have reviewed in 77 ILAC 1130.531 and have determ The request is in compliance with the | nined the following: | • |
| _ | request is approved. This request is to be reviewed by the | : Health Facilities Plan | ning Board. |
| | This request is DENIED effective because it does NOT comply with the requirements specified in 77 IAC 1130.531. | | |
| | Other actions as follows: | | |
| | Ollia Savage | July 14, 2020 | |
| | s Savage, Chairman is Health Facilities and Services | Date | |